Form Type Travel Request Form

City of Hamilton Travel Authorization Form

Traveling From: 2015-05-31	through	2015-06-03	Please note, these are the dates that you will be leaving and returning from the trip. These should		
Date of Departure	Date of Departure		include the travel days in addition to the class/ conference/meeting dates.		
Authorization is requested by: Jody Gunde Employee		erson	Economic Development		t
		Name	Department		
To attend (Course/Conference/Sponsor): Trustbelt - REDI					
Located at (City and State):	lumbus, OH				
Registration Fee (Cost of Course/ Basic Fee Conference/Meeting)	\$	Other/Additional Fee: \$			
Business Justification for Travel					
REDI paying registration fee					
Transportation Expenses Check the appropriate boxes and record the estimated miles or cost for each mode of transportation to be used. For personal car,			Mil	les	Estimated Cost
		Personal Car		\$	
only estimated miles are necessary		Airplane	1	V/A \$	
		Rental Car	١	N/A \$	
Meal/Food Expenses Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: M&IE Per Diem Rates			Cost Per Day	# of Days	Estimated Cost
		☐ In-town/Local			\$
		○ Overnight	\$ \$ 56.00	3	\$ \$ 168.00
Lodging Expenses Hotel	e	Cost Per Night	# of Nights	Estimated Cost	
Hyatt Regency C		Columbus-350 North	\$ \$ 198.58	3	\$ \$ 595.74
Miscellaneous Expenses Check the appropriate boxes and reco	ard the		Amount		Amount
estimated cost for all applicable miscellaneous expenses.		□ Parking Costs	\$ \$ 78.00	Tolls	\$
	Taxi Expenses	\$	Other	\$ \$ 50.00	
Account Number: 620 620 640 550 Total Estimated Cost: \$ \$ 891.74					
Account Number: 620 620	640 55	550 Total Estimated Cost: \$ \$891.74 For Department Head Use Only			
Send Via Email		Approved			
		Approved by Send Approval			